



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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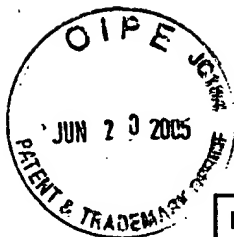
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|                                                                                                                                                                   |  |                          |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|----------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                    |  | Application Number       | 09/869,067                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                                                                    |  | Filing Date              | Int'l. - December 17, 1999 |
| (\$)                                                                                                                                                              |  | First Named Inventor     | Peter J. QUAEDFLIEG        |
| 120.00                                                                                                                                                            |  | Examiner Name            | C. Fronda                  |
|                                                                                                                                                                   |  | Art Unit                 | 1652                       |
|                                                                                                                                                                   |  | Attorney Docket No.      | 246152014600               |

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                       |                                                                                   |
| <input type="checkbox"/> Check                                                                                        | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify):                                                                     |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                   | Deposit Account Number: 03-1952                                                   |
|                                                                                                                       | Deposit Account Name: Morrison & Foerster LLP                                     |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                     | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|---------------------------------------------------------|---------------------|-------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                     |                         |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                    |                     |                                                         |                     |                         |                      |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                     | <b>EXAMINATION FEES</b> |                      |                       |
|                                                                                                                                                                                                                                                                                                                   |                    | <b>Small Entity</b> |                                                         | <b>Small Entity</b> |                         | <b>Small Entity</b>  |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                 | 200                     | 100                  |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                | 100                 | 100                                                     | 50                  | 130                     | 65                   |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                | 100                 | 300                                                     | 150                 | 160                     | 80                   |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                | 150                 | 500                                                     | 250                 | 600                     | 300                  |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                | 100                 | 0                                                       | 0                   | 0                       | 0                    |                       |
|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      | <b>Small Entity</b>   |
|                                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      | <b>Fee (\$)</b>       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                    |                     |                                                         |                     |                         |                      | <b>Fee (\$)</b>       |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                     |                         |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                    |                     |                                                         |                     |                         |                      | 50                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                    |                     |                                                         |                     |                         |                      | 200                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                    |                     |                                                         |                     |                         |                      | 360                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| - =                                                                                                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Extra Claims</b>                                                                                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| x                                                                                                                                                                                                                                                                                                                 |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Fee (\$)</b>                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| =                                                                                                                                                                                                                                                                                                                 |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| - =                                                                                                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Extra Claims</b>                                                                                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| x                                                                                                                                                                                                                                                                                                                 |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Fee (\$)</b>                                                                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      | <b>Fee Paid (\$)</b>  |
| =                                                                                                                                                                                                                                                                                                                 |                    |                     |                                                         |                     |                         |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                    |                     |                                                         |                     |                         |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |                                                         |                     |                         |                      |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                     | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b> |                       |
| - 100 =                                                                                                                                                                                                                                                                                                           |                    | /50                 | (round up to a whole number) x                          |                     | =                       |                      |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                    |                     |                                                         |                     |                         |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                    |                     |                                                         |                     |                         |                      | <b>Fees Paid (\$)</b> |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month                                                                                                                                                                                                                               |                    |                     |                                                         |                     |                         |                      | 120.00                |

|                     |                  |                                   |                |
|---------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                  |                                   |                |
| Signature           |                  | Registration No. (Attorney/Agent) | 44,422         |
| Name (Print/Type)   | Michael G. Smith | Telephone                         | (858) 720-5100 |
|                     |                  | Date                              | June 16, 2005  |

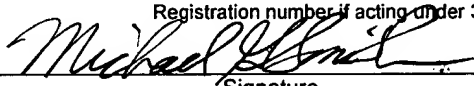


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                                                                                                                                                                                              |            |                                                 |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                                                                                   |            | <b>Docket Number (Optional)</b><br>246152014600 |           |
| <b>Application Number</b> 09/869,067                                                                                                                                                                                                                                                                                         |            | <b>Filed</b> Int'l. - December 17, 1999         |           |
| <b>For</b> PROCESS FOR THE PREPARATION OF $\alpha$ -AMINONITRILES WITH ENHANCED OPTICAL PURITY                                                                                                                                                                                                                               |            |                                                 |           |
| <b>Art Unit</b> 1652                                                                                                                                                                                                                                                                                                         |            | <b>Examiner</b> C. Fronda                       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                    |            |                                                 |           |
|                                                                                                                                                                                                                                                                                                                              | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                            | \$120      | \$60                                            | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                      | \$450      | \$225                                           | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                    | \$1020     | \$510                                           | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                     | \$1590     | \$795                                           | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                     | \$2160     | \$1080                                          | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                              |            |                                                 |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                       |            |                                                 |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                  |            |                                                 |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                   |            |                                                 |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |                                                 |           |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                                                                                        |            |                                                 |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                                                                                        |            |                                                 |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____                                                                                                                                                                                                                                              |            |                                                 |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>44,422</u>                                                                                                                                                                                    |            |                                                 |           |
| <br>Signature                                                                                                                                                                                                                             |            | <u>June 16, 2005</u><br>Date                    |           |
| <u>Michael G. Smith</u><br>Typed or printed name                                                                                                                                                                                                                                                                             |            | <u>(858) 720-5100</u><br>Telephone Number       |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                        |            |                                                 |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                                                                                   |            |                                                 |           |

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